

# Kid's Korner 2016-'17 Registration

Kid's Korner  
Hampden Recreation Department  
1 Main Rd. North  
Hampden, ME 04444  
991-4440 (KK cell)  
E-mail: kidskorner@hampdenmaine.gov

## Fees

AM Program: \$8.00 per day  
PM Program: \$12.00 per day  
1/2 day school PM program: \$25.00  
**\*Pre-registration required\***

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age in Fall: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Please provide the names and numbers of two people who may pick up your child or that we may contact in the event of an emergency.

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

- Please select the appropriate enrollment schedule for the school year.

Please circle the sessions and School

Weatherbee (3-5)

McGraw(K-2)

Monday

AM

PM

Tuesday

AM

PM

Wednesday

AM

PM

Thursday

AM

PM

Friday

AM

PM

Number received: \_\_\_\_\_

Time received: \_\_\_\_\_

Date received: \_\_\_\_\_

Deposit received: \_\_\_\_\_

Cash or check

Check number: \_\_\_\_\_